

Shenandoah Valley Regional Committee for Disability/Employment Awareness

NOMINATION FOR WORKPLACE MENTOR OF THE YEAR

Date: _____ **NOMINEE:** _____

Name of Employer and/or Company: _____

Address: _____

Telephone Number: _____ Email: _____

Brief Description of Company: _____

MENTEE- Name of Person or Group that were mentored: _____

Activities pursued (one-on-one job shadowing, group worksite visits, hands-on career exploration):

Worksite accommodations:

Individual within Company Who Deserves Special Recognition: _____

Name: _____ Job Title: _____

Job Duties: _____

Reason for Recognition: _____

Please attach letter(s) of recommendation and any additional material to explain why the nominee should receive this award.

NOMINATED BY:

Individual: _____

Agency/Company: _____

Address: _____

Telephone Number: _____ Email: _____

Nominator's Signature: _____

Return form and letter(s) to address on the cover sheet **by September 1, 2004.**